

APPLICATION FOR MOTOR CARRIER OF PROPERTY PERMIT

The information required on this form pertains to eligibility for issuance of a Motor Carrier of Property Permit and is required under authority of Division 14.85 of the California Vehicle Code (CVC). Failure to provide the information required under CVC Section 34621 is cause for refusal to issue a Motor Carrier of Property Permit. The information provided on this form is public record, regularly used by law enforcement agencies, and is open to inspection by the public.

This is an application for: ☐ Original Permit - Full Year
☐ Seasonal
☐ Change of Business Structure

IF YOUR COMPANY HAS A CA NUMBER
 ENTER IT HERE:

CA -

Any attached lists containing information requested in this application, are incorporated as part of the application by reference.

PART 1: OPERATING STATUS (Check and complete the sections that apply to your operation)

A. ☐ NON-PROFIT ORGANIZATION ☐ GOVERNMENT AGENCIES ☐ COMMERCIAL

B. SEASONAL

☐ ORIGINAL Circle the 6 to 11 months the permit will be valid for operation.

☐ EXTENSION Circle the one or more additional months you will be operating.

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

PART 2: CARRIER IDENTIFICATION AND BUSINESS STRUCTURE (Check and complete the applicable section.)

A. ☐ SOLE PROPRIETOR ☐ OWNER/OPERATOR

FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

-

NAME (LAST, FIRST, M.I.)

DRIVER LICENSE NUMBER

STATE ISSUED

NAME OF AUTHORIZED REPRESENTATIVE

TELEPHONE NUMBER

()

B. ☐ PARTNERSHIP

FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

-

NAME OF PARTNERSHIP

NAME OF GENERAL OR MANAGING PARTNER

TITLE

NAME OF AUTHORIZED REPRESENTATIVE

TELEPHONE NUMBER

()

List the names of all partners. (Attach a separate sheet, if necessary.)

1.

2.

C. ☐ CORPORATION ☐ LIMITED LIABILITY COMPANY

FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

-

NAME OF CORPORATION OR LIMITED LIABILITY COMPANY (LLC) (AS REGISTERED WITH CALIFORNIA SECRETARY OF STATE)

CORPORATE OR LLC NUMBER ISSUED BY CALIFORNIA SECRETARY OF STATE

STATE INCORPORATED

DATE INCORPORATED

NAME OF PRINCIPAL OFFICER, MEMBER OR MANAGER

TITLE

NAME OF AUTHORIZED REPRESENTATIVE

TELEPHONE NUMBER

()

List the names of all corporate officers or LLC members or managers. (Attach a separate sheet, if necessary.)

NAME AND TITLE

NAME AND TITLE

1.

2.

PART 3: DBA AND TRADE NAMES (List all Business DBA's and Trade Names) Attach a separate sheet, if necessary.

A.

B.

PART 4: PRINCIPAL PLACE OF BUSINESS (If more than one location, list the main office)

BUSINESS ADDRESS

CITY

COUNTY

STATE

ZIP CODE

COUNTRY

A.

MAILING ADDRESS (IF DIFFERENT)

CITY

COUNTY

STATE

ZIP CODE

COUNTRY

B.

PART 5: TRANSPORTATION ACTIVITIES (Check all that apply)

- ☐ A. US Mail
- ☐ B. Property under contract with US Government (other than US Mail).
- ☐ C. 500 pounds or more of any hazardous material for-hire or as a delivery service to customers.
- ☐ D. Hazardous materials in amounts that require the display of hazard placards.
- ☐ E. Oil listed in Section 172.101 of Title 49 CFR but not listed in G or H.
- ☐ F. Non-RCRA hazardous waste as defined in Section 25117, California Health and Safety Code and Section 66261.1 of Title 22, California Code of Regulations, but not included in G or H.
- ☐ G. Hazardous substances as defined in Section 171.8 of Title 49 CFR, liquefied compressed gas, or compressed gas, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons.
- ☐ H. Any quantity of division 1.1, 1.2, or 1.3 explosives; any quantity of poison gas (poison A); or highway route controlled quantity radioactive materials as defined in Section 173.403 of Title 49 CFR.
- ☐ I. Hazardous materials in any amount as defined in Section 171.8 of Title 49 CFR (including hazardous substances and hazardous waste) and listed in Section 172.101 of Title 49 CFR, but not included in G or H.
- ☐ T. Petroleum products in bulk, including waste petroleum and waste petroleum products.
- ☐ U. Commodities other than those listed in E, F, G, H, I, or T when transported in vehicles 10,000 lbs. GVWR or more.
- ☐ V. Commodities other than those listed in E, F, G, H, I, or T when transported in vehicles under 10,000 lbs. GVWR.

PART 6: VEHICLES USED IN YOUR TRANSPORTATION ACTIVITIES (Check all that apply)

- ☐ A. Any motor vehicle, including automobiles and motorcycles, used to transport property for hire or compensation.
- ☐ B. Any motortruck of two or more axles that is more than 10,000 lbs. GVWR (except a pickup used in non-commercial use).
- ☐ C. Motortrucks of three or more axles which are more than 10,000 lbs. GVWR.
- ☐ D. Truck tractors.
- ☐ G. Any combination of a motortruck and any vehicle(s) exceeding 40 ft. in length when coupled together, where the truck has a GVWR of 10,000 lbs. or less. Exclude any vehicle that meets the CVC definition of camp trailers, trailer coaches, or utility trailers.
- ☐ H. Any combination of a motortruck and any vehicle(s) exceeding 40 ft. in length when coupled together, where the truck has a GVWR of more than 10,000 lbs. Exclude any vehicle that meets the CVC definition of camp trailers, trailer coaches, or utility trailers.
- ☐ I. Any truck, or any combination of a truck and any other vehicle, transporting hazardous materials. (See Part 5 above.)
- ☐ J. Any commercial motor vehicle with a GVWR of 26,001 or more lbs.
- ☐ K. Any commercial motor vehicle with any GVWR towing any vehicle with a GVWR of more than 10,000 lbs. except combinations including camp trailers, trailer coaches, or utility trailers.
- ☐ L. Any other motortruck, not identified above, that is regulated by the Public Utilities Commission (PUC) or the Federal Highway Administration (formerly the Interstate Commerce Commission) related to hours of service and driver's logbooks.
- ☐ M. Motor vehicles under 10,000 lbs. GVWR.

PART 7: OTHER OPERATING AUTHORITIES AND IDENTIFICATION NUMBERS (Check all that apply and enter the numbers)

- A. ☐ ICC MC _____ ☐ PUC CAL-T _____
- ☐ MX _____ ☐ US DOT _____
- ☐ IFTA _____ ☐ International Registration Plan _____

- B. If you have interstate authority, enter your total California intrastate fleet miles traveled during the permit period. _____
- Enter Nationwide fleet miles traveled during the permit period. _____

If this is a business with prior operations enter the mileage from the last permit period. If this is a new business without prior operations use the estimated mileage from the IRP Schedule B form.

PART 8: EMPLOYER PULL NOTICE PROGRAM *(Check all that apply)*

All motor carriers of property who employ drivers, use family members and/or voluntary drivers who are required to be licensed as commercial drivers with a commercial Class A, B, or a Class C driver license with a hazardous materials endorsement, or a certificate (as stated in CVC Section 1808.1(1)) must be enrolled in the DMV Employer Pull Notice (EPN) Program. Applicants who check box B shall be enrolled in the EPN program under the department's requestor code number. If you require forms or have any questions regarding the EPN program please call (916) 657-6346.

- ☐ A. I employ or use drivers required to be commercially licensed with a commercial Class A, B, or a Class C license with an endorsement. My DMV Requester Code number is: _____
- ☐ B. I am an owner/operator who owns, leases, or operates one vehicle that requires a commercial Class A, B or a Class C license with an endorsement. My driver license number is: _____
- ☐ C. I do not employ drivers; however I own, lease, and/or operate more than one vehicle that requires a commercial Class A, B, or a Class C license with an endorsement to operate. My DMV Requester Code number is: _____
- ☐ D. I employ or use drivers, however, my operations do not require commercial licenses.
- ☐ E. I do not employ or use drivers and my operation does not require a commercial license.

PART 9: VEHICLES OPERATED *(Attach a separate sheet, if necessary)*

A. In the space(s) below, enter the number of power units (not trailers) owned, registered, leased and/or operated during the last permit period. If this is a new business without prior operations or permits enter the number of power units to be operated during the permit period applied for.

- ☐ For Hire: _____ (Transports property for compensation.)
- ☐ Private: _____ (Transports only your goods using a motor truck or truck tractor with a GVWR of 10,000 lbs. or more. Does not transport any property for compensation or profit.)

B. List the license plate number, the state that issued the plate number, and the Vehicle Identification Number (VIN) for each power unit (not trailers) in operation as part of the fleet. Continue on a separate sheet if necessary, using the format shown below.

LICENSE NUMBER	STATE ISSUED	VEHICLE IDENTIFICATION NUMBER (VIN)

PART 10: WORKERS' COMPENSATION

If you employ any person(s) in your carrier operations that subject you to the Workers' Compensation laws of California, then proof of Workers' Compensation insurance must be filed. Acceptable forms are:

- A Certificate of Insurance (DMV 65 MCP) submitted by your insurance provider.
- A Certificate of Insurance (SCIF 10262 or SCIF 10265) submitted by the State Compensation Insurance Fund or
- A Certificate of Consent to Self-Insure issued by the Director of the Dept. of Industrial Relations.

A. If final judgement in a Workers' Compensation case has not been entered against you check this box.

- ☐ I certify that final judgement has not been entered against my operation pursuant to 3716.2 of the California Labor Code (Workers' Compensation violations).

B. If you qualify for a Workers' Compensation exemption check this box.

- ☐ I certify that I do not employ any person(s) in a manner so as to become subject to the Workers' Compensation laws of California.

PART 11: CERTIFICATION

The person signing the certification must be the sole proprietor, owner/operator, general partner, principal corporate officer, or principal LLC member or manager shown on page 1.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct,

DATE	SIGNED AT (CITY)	SIGNATURE X
TITLE		PRINTED NAME OF PERSON SIGNING

PART 12: LIABILITY INSURANCE REQUIREMENTS

Proper evidence of financial responsibility must be filed with DMV by your insurance provider before a permit will be issued. Acceptable forms are a Certificate of Insurance (DMV 65 MCP (REV. 8/98)); a Surety Bond (DMV 55); or a Certificate of Self-Insurance (DMV 131 MCP). Please review the insurance limits below.

The activities listed are from Part 5 of this application. Activity B can qualify under any of the insurance limits depending on the type of property transported and the Gross Vehicle Weight Rating (GVWR) of the vehicle(s).

ACTIVITY	IF YOU TRANSPORT...	THEN YOU MUST CARRY
B or V	Property, other than hazardous materials, in vehicles under 10,000 pounds gross vehicle weight rating (GVWR) transported by for-hire carriers only.	\$300,000 combined single limit (CSL) coverage.
B or U	Property, other than hazardous materials, in vehicles 10,000 or more pounds GVWR.	\$750,000 CSL coverage.
B, C, D, or I	Any quantity of hazardous materials not subject to a higher minimum coverage.	\$1,000,000 CSL coverage.
B or E	Oil listed in Section 172.101 of Title 49 CFR (H/M Table).	\$1,000,000 CSL coverage.
B or F	Non-RCRA hazardous waste (California-regulated only).	\$1,000,000 CSL coverage.
B or T	Petroleum products in bulk.	\$1,200,000 split limits or CSL coverage.
B or G	Hazardous substances as defined in 172.101 of Title 49 CFR in cargo tanks, portable tanks, and hopper vehicles in excess of 3,500 gallon capacity.	\$5,000,000 CSL coverage.
B or G	Division 2.1 or 2.2 gases in cargo tanks or portable tanks in excess of 3,500 gallon capacity.	\$5,000,000 CSL coverage.
B or H	Any quantity of Division 2.3 gas, Hazard Zone A (poison gas).	\$5,000,000 CSL coverage.
B or H	Highway route controlled quantities of radioactive materials.	\$5,000,000 CSL coverage.
B or H	Any quantity of 1.1, 1.2 or 1.3 explosives.	\$5,000,000 CSL coverage.

PART 13: FEE CALCULATIONS — To determine fees, follow the steps below based on the appropriate category.

A. FULL YEAR INTRASTATE CARRIERS (*Only doing business in California*)

Select the chart on the next page that applies to your operation (either Private or For-Hire), then locate your fleet size. The amount you owe is located next to the appropriate fleet size on the chart.

EXAMPLE: A For-Hire carrier with a fleet of 15 power units owes \$760.

B. FULL YEAR INTER/INTRASTATE CARRIERS (Doing business in more than one state.)

1. Follow the instructions shown above (Section A) and enter the amount. \$ _____
2. Enter total intrastate (**California**) miles* as shown in part 7 of application. _____
3. Enter **total** Nationwide mileage (**this includes California mileage**) as shown in part 7 of application. ÷ _____
4. Divide the California miles by nationwide miles (lines 2 and 3) and enter the resulting California mileage percentage. _____ %
5. Multiply the original fee amount shown on line 1 by the California mile percentage from line 4 to obtain amount due. \$ _____

EXAMPLE: $\frac{\text{Total CA MI}}{\text{Total MILES}} \div =$ _____ %

_____ % X **\$ FEES DUE = \$ AMOUNT OWED**

*For interstate and foreign motor carriers of property, enter the fleet miles traveled in California in intrastate commerce. In the absence of records to establish intrastate fleet miles, enter the total fleet miles traveled in California (those derived from interstate and intrastate moves).

C. SEASONAL INTRASTATE CARRIERS

See the seasonal chart on the next page. Locate the number of months the permit will cover on the top row of the chart and the fleet size on the left to determine the fees due.

D. SEASONAL EXTENSION

1. Locate the fee due per month of extension from the last column of the chart on the next page. Multiply that amount times the number of months the permit is being extended.
2. Add \$5.00 to the amount identified on line 1 of this section. This is the amount you owe.

EXAMPLE: $\frac{\text{Extension fee per month based on fleet size}}{\text{extended}} \times \# \text{ of months} + \$5 = \text{fee due.}$

PART 14: FEE CHARTS**FEE CHARTS FOR FULL YEAR PERMITS**

FOR HIRE MOTOR CARRIER FEE CHART		PRIVATE MOTOR CARRIER FEE CHART	
<u>Fleet Size</u>	<u>Fees</u>	<u>Fleet Size</u>	<u>Fees</u>
1	\$ 130	1-10	\$ 35
2-4	225	11-20	290
5-10	510	21-35	395
11-20	760	36-50	525
21-35	1,045	51-100	650
36-50	1,405	101-200	775
51-100	1,725	201-500	890
101-200	2,075	501-1000	1,015
201-500	2,400	1001-2000	1,140
501-1000	2,730	2001 & Above	1,290
1001-2000	3,040		
2001 & Above	3,290		

FEE CHART FOR SEASONAL PERMITS

The minimum permit period allowed is six months and the maximum is eleven months. The original seasonal permit issued may be extended should you need to operate for additional months beyond those indicated in this application. For each extension request, a \$5 fee is required along with an additional fee portion for each additional month per Revenue & Taxation Code Section 7236 (a) (3).

<u>Fleet Size</u>	<u>6-Months</u>	<u>7-Months</u>	<u>8-Months</u>	<u>9-Months</u>	<u>10-Months</u>	<u>11-Months</u>	<u>Extension Request Fee</u>	<u>Extension Fee Per Month</u>
1	\$ 100	\$ 105	\$ 110	\$ 115	\$ 120	\$ 125	\$ 5	\$ 5
2-4	163	173	183	194	204	215	5	10
5-10	373	395	418	441	464	487	5	23
11-20	525	564	603	643	682	721	5	39
21-35	720	774	828	883	937	991	5	54
36-50	965	1,038	1,112	1,185	1,258	1,332	5	73
51-100	1,188	1,277	1,367	1,456	1,546	1,635	5	90
101-200	1,425	1,533	1,642	1,750	1,858	1,967	5	108
201-500	1,645	1,771	1,897	2,023	2,148	2,274	5	126
501-1000	1,873	2,015	2,158	2,301	2,444	2,587	5	143
1001-2000	2,090	2,248	2,407	2,565	2,723	2,882	5	158
2001 & Above	2,290	2,457	2,623	2,790	2,957	3,123	5	167

Please include your payment with the application. Make your check or money order payable to the Department of Motor Vehicles. If your check is not honored by the bank, a \$20 dishonored check fee will be assessed and your permit may be canceled. Contact the Motor Carrier Permit Branch at (916) 657-8153 should you have any questions.

Completed application must be mailed to:

**DEPARTMENT OF MOTOR VEHICLES
MOTOR CARRIER PERMIT BRANCH MS: G875
P.O. BOX 932370
SACRAMENTO, CA 94232-3700**